(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Form loborer, Loborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." stated unless important. use of "Tumor" for malignant neoplasms); "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid 3.3 "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart disease; The contributory Always qualify all Sarcoma, etc., of Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	
County Somersel	
Village or City Finges Anne (No	11
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
6 DATE OF BIRTH ADIO 17 (Month) (Day) (Year)	17
7 AGE If LESS than I dayhrsds. ormin.?	The
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	******
(State or country)	*******
10 NAME OF FATHER GOODE LE BOILOND.	(Sig
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	18
OF MOTHER (State or Country) 17/ary 13nd	At j
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if n
(Informant) Mebecca & Dollard	19 1
(Address) reusena agena ma	
Filed 4/19 1923/ Junit	20

64833

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260

NAME Louise Mary Ba	St.: Ward) St.: Ward) A large (If death occurred in a hospital or institution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH ASIA 174 , 1931 (Month) (Day) (Year)
April 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 17 1931 to April 17 1931, that I last saw h as sheetern / + pril 17 1931,
If LESS than I day hrs. wrs. ds. or min.?	and that daath occurred on the date stated above, at 2.13 m. The CAUSE OF DEATH * was as follows:
of work are of industry blishment in or (employer)	Dhee bon Lufant
Gorge e Ballard Lange e Ballard Jange e Ballard	Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
R Pebecca Sarah Bell CE R RIGHTY) TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfernts or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or residence.
Princeso agrico ma (1923/ Number	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OPPOSITION ON DERTAKER ADDRESS OF CHIM 16 W. Saretoga St., Balto., Requesting V. S. No. 1.
ii more viduas ara needad, addrass otate Kegistrar	, to m. Daratoga St., Daito., Requesting v. S. No. 1.

S. No.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The materia Grocery,

Statement of Cause of Death—Name, first, the DISTERSE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) (Recommendations on statement of cause of tetapus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is lcss definite; avoid Never report mere symptoms or terminal condi-ChronicExample: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Housemaid, etc. If the occupation has been changed or given up on account of the DISTAGE CAUSING DESTIL state occupation at b ginning of illness. If retired from should be used only when needed. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At veloot a household only (not paid Househouse who receive a definite saiary, may be entered as Housewife, Houselaborer, Form laborer Lubercr—Coul mine, etc. Wom-Spinner, (b) Collen additional line is provided for the latter statement; it nature of the business or indu try, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective of Statement of Occupation - Precise statement of ocwhatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer gaged in domestic to report specifically of occupations of persons enen at home, Never return "Laborer." "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil ingineer. Physician, Foreman, For many occupations a single word or term on or At Hom?. who are engaged in the duties of the For persons otton mil; (c) Salerman, (b) Grocery; (b) Antemobile field y. The material Sidionery service for wages, as Servant, Cont. and children, not gainfully em-At home. Care should be taken who have no occupation et. But in many Locomoture engineer, As examples: (a) 1.6.

Structure of Caure of Death—Name, first, the bisea at the time and causeaion, using always the same accepted term for the same diease Example: Cerebroshood fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Distilleric aveil use of "Croup"); Typhoid fever never report. "Typhoid Pneumonia"; Lobar pneumonia, Remail words "Pneumonia,"

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permanently filed.

answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and all questions American Medical Association.) approved by Committee on (Recommendations on statement of cause of death "Ethaustion," "Heart "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Wcakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Meosles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Chronic Whooping cough; Examples: Accidental drowning; Struck by roilwoy train perilonaeum, etc., Carcinoma, Sorcoma, etc., of death), 29 ds.; Bronchopneumonia (secondary), interstitial nephrilis, (name origin; "Cancer" is less definite; avoid Chronic etc. valvulor heart disease; Nomenclature The contributory "Shock,"

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in piain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING
H UNFADING INK--THIS IS A PERM WITH UNFADING INK--THIS IS A PERM WRITE PL

V. 6. No. 1

	PLACE OF DEATH	04830 STATE OF MARYLAND
C	County merset	CERTIFICATE OF DEATH
	0	Registration Dist. No. 26126
Villa	age or City essels Mickeo.	St.: Ward) (If deeth occurred a hospital or institution
	2 FULL NAME Mary Louis	Bosman tion, give its NAME stead of street a number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 55	MARRIED, WIDOWED, OR DIVORCED (Write the word)	- 16 DATE OF DEATH Capt 10th , 1931
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, Thet I attended the deceased fro
	February 10 188	4, 192, 192
	(Month) (Day) (Year	that I last saw halive on, 192
7 AG		
	yrs. 2 mos. 2 ds. or mi	
	CCUPATION) Trade, profession or House Work	Myocordilio
У (b)) General nature of industry	
	siness, or establishment in hich employed or (ergo)oyer)	(Duration) yrs, mos.
9 81	(State or country) Somerant Co. M.	Contributory Secondary (Duration) yra mos
1	10 NAME OF SILLIAM Bornan	(Signey) I much class in allund my M.
S	11 BIRTHPLACE LA O	1931 (Address) Dr Clins
Z Z	(State or country programs Co. A	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of Mother Karity Bosmo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Merset Co. 999	At place of deathyrsmosds. In theyrsmos,
14 TI	HE ABOVE S TRUE TO THE DEST OF MY KNOWLEDGE	Where was disease controcted, if not et place of dea.h?
	ChIR Character	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Alstoner And	Princess Quice Pho 12, 193
15	Filed 4/1/ 1981 9 Jimy	20 UNDERTAKER ADDRESS
r	// Rigistrar	1 a li VIII de la la Ciclia

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Consus and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from Spinner, (b) Cottan mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Coak, Hausemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Hame, and children, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Lubarer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compasitor, Architect, For many occupations a single word or term on yrs. For persons who have no occupation without more precise specification as Day Locomative engineer, not gainfully em-

stinal meningitis"; Diphtheria (avoid use of "Croup") Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia," ed term for the same disease. Examples: Ccrebros pinal Strtement of Cause of Death-Name, first, the Disferer (the only definite synonym is "Epidemic cerebro-EAR CAUSING DEATH (the primary affection with respect time and causation), using always the same accent-

> stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia, "Exhaustion," "Heart failure," "Taemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condicaugh; by Committee on Nomenclature of the " "Weakness," ctc., when a definite disease 'Congenital,' "Semile," etc.), "Dropsy,",
> ," "Heart failure," "Haemorrhage," Chranic valvular heart disease; Example: Measles (disease etc. The contributory " "Convulsions,

anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is In this certificate is looked over thoroughly and all quistions antly filed.

5

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 64836
infor stat UPA	1. PLACE OF BEATH	(27)
onld OCC	County Street - ME Cready/V	askeld Registration Dist. No. 270
sh of		death occurred in a hospital or institution, give its NAME instead of street and number)
INS ent	Length of residence in city or town where death occurred yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds
RD. Every YSICIANS	2. FULL NAME CLEA Jamyon	hallingham
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A .	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (9. 1989) (Year)
IDING MANERA A C T J	5a. If married, widowed, or divorced HUSBAND of Orriblean Edgar Britting	24. I HEREBY CERTIFY, That I attended deceased from
BIN EX. EX. y cla	6. DATE OF BIRTH (month, day, and year) Rugust 14/878	I last saw h de alive on and 19 1991 death is sai
	7. AGE Years Months Days ILLESS than	to have occurred on the data stated above, at 4.35 Pm.
FOR IS A I stated properlineartifica	60 8 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S IS e st e pr	9 Trade profession or postingles	Sirch. acuf Del 7 street.
ED HIS	SAWYER, BOOKKEEPER, etc.	Cylin Ceretarilis
RESERVEL G INK—THI GE should be that it may be ins on back of	9. Industry or business in which work was done, as SILK MILL,	
VIK-	SAW MILL, BANK, atc 10. Date deceased last worked at this occupation from the second in the seco	
ES IN	11. Total time (years) this occupation (month and year) year) occupation	
Z		Other Contributory Causes of importance: Jauses 7 Gale
IN IIN	12. BIRTHPLACE (city or town) (State or country)	(Bursello, Verelinities
MARGIN UNFADI supplied. n terms, so		
A P D	Ī	July to Wesles Out Time - 4-118.
	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
efully in pla	15. MAIDEN NAME Ester Green	No.
. 10	H	23. If death was dua to extarnal causes (VIDLENCE) fill in also the following:
car TTH ports	16. BIRTHPLACE (city or town) (State er country)	Whera did Injury occur?
AINLY, Id be can DEATH y import	the Bittingham	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
L'A D'A	17. INFDRMANT (Address) Kingston my	Specify whether injury occurred in thousand, in home, of the obelo FLACE,
E PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placo SI Paulo Canalypate (1951, 21, 193)	Nature of injury
-WRITE PI mation shou CAUSE OF TION is ver	Jahn G. B. Selskage	24. Was disease or injury In any way ralated to occupation of deceased?
TO TE	19. UNDERTAKER (Address)	If so, specify
Z Ä	Alexa 31 Chinal 12 In	(Signed) Jenny Quelly M.
5 2	20. FILED To 15 Pulled Registrar.	(Address) Maryn Tref.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	111 C. E. Colling, dorol 1	History

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death.

As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples A HALLER

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	ECEMANTO
Chronic interstitial nephritis	1921	Run over by street car	- Lweek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Oth contributory causes of importance:		Other contributory causes of importance:	
Gallstones j	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M)	PHYSI.
	ORD	ACE should be stated EXACTLY, PHYSI. so that it may be properly classified. Exact uctions on back of certificate.
	IS A PERM, ENT CORD	stated E)
FOR BINDING	C.W. FIN	uld be a
A BIN	A PER	SE sho
FOF	IS	so the

PLACE OF DEATH

County Sources Et

(4837

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City was Noco	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Elizabeth L	Block of ton stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH April 8 , 192/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 15, 1856	Fel 1 1931. 10 Capril 8 , 1931.
(Month) (Day) (Year)	that I last saw h W alive on agrice 8 , 1981,
7 AGE If LESS tha	
75 yrs. 0 mos. 24 ds. or min.	
8 OCCUPATION	Carcination of Vor Branch
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	100
which employed or (employer) at house	(Duration) / wys. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Duration) yrsmosds.
FATHER Will Beauthouse	(Signed) Sesale de Ceyton M. D.
IN BIRTHPLACE OF FATHER	april 9 198 ! (Address) Crio for Col Mil
Z (State or country) Maryland	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant). Margarel E. Per, lon	Former or usual residence
10:1:11/-11/	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Low fuld () Va	Reboleth, Med 4411-, 1931
Filed 4/10 181 Gurelia la Jawson	PO UNDERTAKER)

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic terebrospital meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) approved by Committee on Nomenclature delanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MOTHER FATHER

V. S. No. 1

Z

STATE OF MARYLAND	CERTIFICATE OF DEATH (14838
1. PLACE OF DEATH	173
County Joneset	Registration Dist. No. 270
Village or City Cusfield	NoMe Goody Manne Hostitalst., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred	_mosds. How long to U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Tordon Collins	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	
5e. If married, widowed, or divorced HUSBAND of	20 LUSD SDY CSD TIEV This I would be
(or) WIFE of	22. HEREBY CERTIFY, That i ettended deceased from
C DATE OF BIRTH (worth day and world a land of the la	7 Hast saw h. elive on Santa 192/ death is said
6. DATE OF BIRTH (month, day, end yeer) (MRNOUN) 170 7. AGE Yeers Months Days If LESS th	
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importence
Trade, profession, or perticuler	were es tollows: Date of oneet
kind of work done, es SPINNER, Labour SAWYER, BOOKKEEPER, etc.	Done
9. Industry or business In which	Hy had In P. O
work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Dete deceesed lest worked et this occupetion (month end yeer) cocupetion cocupetion.	
12. BIRTHPLACE (city or town) Cushild	Other Contributory Carees of importence:
(State or country) 9nd	- Commercial.
13. NAME Darfield Collins	
13. NAME Parfield Collins 14. BIRTHPLACE (city or thin) Crusfull	Neme of operation October Date of
(State of country)	Whet test confirmed diagnosis? Charles R. Was there an autopsy?
15. MAIDEN NAME Corne Mecrea	23. If deeth wes due to externel couses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur? Crusfield will.
17. INFORMANT Course Collin (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Shot by a hear
Place Lawsoma Com. Date Copul 8, 19	3.1. Neture of injury Short guin would
19. UNDERTAKER John a Bradslaw	24. Was disease or Injury in any wey releted to occupation of deceased? NO
(Address) Cufield and	If so, specify
20, FILED Shil 8, 1931 Escolling	(Signed) M. D.

Registrat.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	M)	d. Exact
		CORD	fully supplied. ACE should be stated EXACTLY, PHYSI-
,	DING	S INKTHIS IS A PERM ENT CORD	id be state
	BIND	PERM	E shou
	FOR	IS A	d. ACE
	ESERVED FOR BINDING	THIS	upplied
	ESEF	J INK	fully s

	PLACE OF DEATH County Somersel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.64
1	Village or City Weslover (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of atreet and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH Of 13 , 193 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mar 3 192 . to
	7 AGE 2 9 yrs. 2 mos. 6 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	and that death occurred on the date stated above, at Am The CAUSE OF DEATH * was as follows:
	(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Libertain yes mos de
	10 NAME OF FATHER ON Baily 11 BIRTHPLACE OF FATHER (State or country) Warner	(Signed)
	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
	(Informant) Stance for My KNOWLEDGE	Where was disease contracted, if not at place of death?
1	(Address) Westover Md 15 Filed Of 14 1931 H. E. Diekinson Registrar	Mestover Md Ohr 15. 193 20 UNDERTAKER & Bradshaw Orushele
	If more bianks are needed, addresa State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken nature of the husiness or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, For many occupations a especially in industrial employments, it is necessingle word or term on

Typhoid fever (never report "Typhoid Pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros paral to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

× 15	PLACE OF DEATH	(14840) STATE OF MA	ARYLAND
Exa Exa	County Someret	CERTIFICATE (
- od -	"0 +1	Registration Dis	t. No. 260
TECORD ated EXACTLY openly classificate.	Village or City Cours House Hits. 2FULL NAME Pokent Courfe	o l A	(If death occurred in hospital or institu- lon, give its NAME li- tead of street and number.)
Stated properly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
EN E	SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH April Z. (Month)	7 , 1031 (Day) (Year)
ER IN	6 DATE OF BIRTH US Please	17 I HEREBY CERTIFY, That I attend	ded the deceased from
R B A P CE E hat i	(Month) (Day) (Year)	that I last saw halive on	192,
IS IS Bd. A s so t	7 AGE Toloble 48 If LESS than I day hrs. or min.?	and that death occurred on the date stated ab The CAUSE OF DEATH * was as follows:	ed Cause
ERVE VKTI y supp ain teri See ii	(a) Trade, profession or Tarry Lobour particular kind of work	of lest not kurled	e play
RES NG I reful In pl	(b) General nature of induatry business, or establishment in which employed or (employer)	no further informations one	7 mos ds.
AD AD AT	9 BIRTHPLACE (State or country)	Contributory Secondary	yrsmosds.
MA DING	10 NAME OF WOTE	(Signed) (Signed) (Signed) (Signed)	M.D.
WITH on sh use on is	OF FATHER (State or country)	*State the lisease Causing Death, of Violent Causes, state (1) Means of Injur Accidental, Suicidal or Homicidal.	or, in deaths from y and (2) Whether
P COF	12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospital	s, Institutions, Trans-
PLONI of inform de state	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the State Where was disease contracted,	yrsmosds,
E of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?	
WRITE y item NS sho	(Address) Recourse Cut Rty West	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
WREvery H	Filed Copt 28 1923 Much Registras	20 UNDEFTAKER Win James	Mess Tung
T	If more banks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1. 22Q

REVISED ERTIFICATE OF UNITED DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at invincing of illness. If retired fro should be used only when needed. As examples: (a) additional line is provided for the latter statement it nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neceseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write business, that fact may be indicated thus; Farmer (r Housemerd, et . If the occupation has been changed or given up on account of the present causing DEATH gaged in domestic to report specifically the occupations of persons enployed, as At school definite salary, may be entered as Housewife, Househousehold only (not jaid House expers who receive a laborer, Farm laborer, Laborer-(and mane, etc. wom-en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton will; (a) Sclosman. Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every Foreman, inginer, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs . Farm laborer, Leborer-Coal mine, etc. Womwithout more precise specification as various pursuits ean be known. The ques-Compositor, For percons Stationary fireman, etc. (b)(a) the kind of work and also (b) the service for wag Automobile Judony. The material or 11 hon. Care should be taken who have no oecupation person, inrespective of Locomotive engineer, ..., as Servani, Cook, But in Grocery; Day

s; inal meningiti." Typhoid feer they respect "Typhoid Pneumonia") feror (the only definite synonym is "Epidemic cerebroed term for the same die se. Lamples: Cerebrospinal Statement of cau e of Death-Name, first, the Dis time as I caraction, preumenia, Bronchopneum via THE DIATE the Immany affection with respect using always the same acceptavoid u e of "Croup "Pneumonia, RECEIVED

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answered in detail, it will prevent further correspondence.

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"Uraemia," "Weakness," etc., when a definite disease atic), "Atr "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. tetanus) "PUERPERAL septicaemia," "PUERPERAL perilonilis, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary It rais certificate is looked over thoroughly and a l questions "Atrophy." "Collapse," "Coma," "Convulsions, may be stated under the head of "contributory." Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from ehildbirth or miscarriage as or intercurrent) Committee on Nomenclature Chronic affection need not be etc. valvular heart disease; The contributory Measles;

1,,,	
PLA	CE OF DEATH
County	Somersel

04841.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 267
Village or City DAMES QUARTER, MD. 2FULL NAME Ford	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of strest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH APR 6 1931 , 192 (Month) (Day) (Year)
APR 5 1931 (Day) , I (Yesr)	APR 5 1934.192 to APR 6 1931, 192
7 AGE If LESS the day he day he or mir	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) P BIRTHPLACE (State or country) DAMES QUARTER, MD.	Contributory Secondary
10 NAME OF FATHER DAMES QUARTER, MD. (State or country) 12 MAIDEN NAME OF THE PROPERTY OF TH	(Signed)
of MOTHER Singurgement 13 BIRTHPLACE OF MOTHER DAMES QUARTER, MD. (State or Country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death
(Informant) Miles France (Address) DAMES QUARTER, MD.	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DAMES QUARTER, MD. APR 7 1931.
15 Filed april 7 1931 M. S- Kelly	20 UNDERTAKER ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return". Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Ccrebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need in (sease important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. approved by Committee on Nomenclature of the telantie) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart disease Always qualify all The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Jones -	CERTIFICATE OF DEATH Registration Dist. No. 2664
Village or City Mer Mslover on (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED MARRIED MYDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Pett 1877 (Manth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE 1 day hrs. 1 day hrs. 1 day nin.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Orgoensist Insuffice (Duration) yrs. mos. de
S BIRTHPLACE (State or country)	Contributory Secondary A. (Duration) yts. mos. ds
10 NAME OF FATHER HENRY WILSON	(Signed) 1. Smith M. D. Change Transfer (Address) Orman Turner
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Wilson 13 BIRTHPLACE OF MOTHER (State or Country) SM	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) New Cir Brong here	if not st place of dea.h?
(Address) Wisform my	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Of 3, 1931
Filed Offr 3 1931 G. E. Diekinsm	John a Bradshaw Conspield
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanum as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS, OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephrilis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Chronic valvular heart disease; etc. The contributory ," "Convulsions,

American Medical rassourment,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

a stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	D W HAME
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
l she	Other contributory causes of importance:	LIENTER.
May 1,1923	Gastroenteritis	1 year
	Date of onset 1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	PLACE OF DEATH	04844 STATE OF MARYLAND
	County Stry erres)	CERTIFICATE OF DEATH
		(30) Registration Dist. No. 2 6 7
	Village or DAMES QUARTER, MD No.	St.: Ward) St.: Ward) (if death occurred I a hospital or institution, give its NAME is stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED: OR DIVORCED (Write the word)	16 DATE OF DEATH \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923) to A 11.30, 1923 that last saw h 4 alive on A 14.20, 1921
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) DAMES QUARTER, MD:	(Duration) yrs mos de Contributory Secondary (Duration) yrs mos de
	OF FATHER DAMES QUARTER, MD. (State or country) 12 MAIDEN NAME (State or country)	(Signed)
	OF MOTHER MANAGE DAMES QUARTER, MD. (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
7	(Informant) Tryes Jours	if not at place of death? Former or usual residence
	(Address DAMES QUARTER, MD.	Danes Luarly May 2, 1931
	Filed May 2 1931 VI. D. Thelly Registrar	4. J. Webester Deals Islan

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid -probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condiinterstitial nephritis, Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	04845
County Somersel	STATE OF MARYLAND
	CERTIFICATE OF DEATH
	Registration Dist. No. 260
Village or City rines SS Anne (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
2FULL NAME Charlie Johnson	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Scaple Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH April 124, 1951
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h compalies on April 104 131
7 AGE # 8 yrs mos ds. or min.?	and that death occurred on the date stated above, at 3 or m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (i) Trade, profession or Laborer particular kind of work	Progressive Bulber Poralysis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 8 yrs. 6 mos. da
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yre mos de
10 NAME OF POBENF H. Johnson	(Signed) Eldon G. Marsman M. D.
OF FATHER (State or country) Trany land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Tong one 1 Ballard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- iente or Recent Residents)
OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Pobert H. Johnson	Former or usual residence
(Address) Iringe 85 Anne ma.	John Wesly andy 4=14, 1971
Filed 4/14 1921 J Junth	Willowerton Paus no
If more branke are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. laborer, Foreman, For many occupations a single word or term on O. especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The Locomolive engineer, (6) materia Grocery; Tre-

Statement of Cause of Death—Name, first, the DISAL EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted the time and causation, using always the same accepted the time and causation), using always the same accepted the time and causation, using always the same accepted to time and causation, using always the same accepted to time and causation, using always the same accepted to time and causation, using always the same accepted to time and causation, using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time accepted to time accepted to the causation), using always the same accepted to time acceptance acceptance

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ('Inanition," "Marasmus," "Old Age," "Shock," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Recommendations on statement of cause of death peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be cough; Committee on Chronic Carcinoma, Sarcoma, etc. The contributory valvular heart Nomenclature disease; etc., or

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5

1931

S No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04846
1. PLACE OF DEATH	
County Somuset	Registration Dist. No. 263
Village Dr City Crisfield	* LISTE 49
	MD. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrspos	ds. How long In U.S. if of foreign birtb?yrsmosds.
2. FULL NAME / Wal Uma H	Muson
(a) Residence: No. Hards Crossing	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 2 /854	I last saw here alive on the 11 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, et S. P. m.
about 777 ? ? 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewalk SAWYER, BODKKEEPER, etc.	Chronic nelbritis par a
9. Industry or business in which work was done, as SILK MILL, SAW MILL PANK ate.	17729
10 Date deceased last worked at this occupation this occupatint this occupation this occupation this occupation this occupatin	
12. BIRTHPLACE (city or town) Reholatle (State or country)	Dther Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Unlanon	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Leisers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE Will In also the following: Accident, suicide, or homicide?
∑ (Stete er counity)	Where did injury occur?
17. INFORMANT (harls form) (Address) martin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date June 13, 1931	Nature of injury
19. UNDERTAKER JOHN UBLA CLASTON (Address) Curfue Sign	24. Was disease or injury in any wey releted to occupation of deceesed?
20. FILED April 13, 1939 Ecolling. Registrar.	(Signed) le & le all M. D. (Address) Levishill My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

Can !		
M	SI-	PLACE OF DEA
	EX-	County X 60M

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No. C	χo	8
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illage or	City Ers Polline	(No	
illage or	City East of Clinic	(No	

Ward)

(If death occurred in a hospital or institu-tion, give Its NAME it-stead of street and nber.)

2 FULL NAME Brable Jomo	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OF 1981 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE If LESS than I day hrs day day or min.	
B DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) (State or Country)	Contributory Secondary (Signed) A Mulli (Marin Cellus Marin) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds, State yrs mos ds
(Informant) No Services (Address) Wasform	Where was diaease contracted, if not at place of death? Former or usual residence 19 FLACE OF BURIADOR REMOVAY AMELIANOR REM
(Address) Wiston Im	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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V. S. No. 1

0	M	PHYSI-
	CORD	J. ACE should be stated EXACTLY, PHYSI-so that it may be properly classified. Exact
. <u>o</u>	ENT CORD	se stated
FOR BINDING	IS A PERM	should t
FOR	IS A	J. ACE so tha

PLACE	OF	DEA	TH
Sounty So	#	PS-	-

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STATE OF MARYLAND CERTIFICATE OF DEATH

			4/1	
Registration	Dist.	No.	460	

Village or City Fineess Aune (No	St.: Ward) St.: Ward) (if death occurred in a hospitel or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Apro 114, 1931
7 AGE (Month) (Day) (Year) 7 AGE yrs. 3 mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country)	(Signed) (Address) (Durstion) yrs. mos ds. (Signed) (Address) (Durstion) yrs. mos ds. (Signed) (Address)
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Filed H/II 1984 MAIDEN NAME REPROSE REPROSE REPROSE 15 Filed H/II 1984 MAIDEN NAME REPROSE REPROSE REPROSE REP	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of death

if more bianke are reeded, eddrese State Registrer, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specin laborer, Farm laborer, Laborer—Coal m en at home, who are engaged in the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womduties of the 6 Grocery,

Statement of Cause of Death—Name, first, the pisease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need Whooping Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

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PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Soughest	CERTIFICATE OF DEATH
	130 Registration Dist. No. 268
Village or City DEALS ISLAND, MR.	St.: Ward) (If death occurred in
2FULL NAME Wesley	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 22, 198./
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 198 to Rev. 22, 198 that I last saw h an alive on A file 27, 1923,
7 AGE Street	The CAUSE OF DEATH * was as follows:
Trade, profession or particular kind of work	reuse asingmatons
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos ds.
9 BIRTHPLACE (State or country) DEALS ISLAND, MD.	Contributory Secondary (Duration) yrs
FATHER LARAN LINES	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Desase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Charles Transco	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) George Souls	Former or usual residence
(Address) DEALS ISLAND, MD.	DEALS ISLAND, MD.
15 Filed apr 2419 Rosa Welster Registrar	20 DINDERTAKER ADDRESS DEALS ISLAND,
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6) Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, can be ascertained as the cause. "Debility" ("Congenital," Chronic interstitial nephritis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train "Exhaustion, Never report mere symptoms or terminal condicough; ,,, "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD	EXACTLY, PHYSI- rly classified. Exact ificate.	Village or City Mususia (No. R. 2FULL NAME Olin Habring)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 270 71.9. St.: Ward) William (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING	ld be st ay be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) (Year)
R BIND A PERM	that it me	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923/. to July 3, 1923/, that I last saw have alive on July 3, 1923/,
ED FOI	piled. A	7 AGE 7 yra mos ds. If LESS than 1 day	and that death occurred on the date stated above, at
ESERVI INKT	ully sup plain ter nt. See	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Hypsheles Dreums.
GIN RI	be caref EATH In importa	which employed or (employer) BIRTHPLACE (State or country)	Contributory Clima myseculal Secondary Oursign Live Surgion Live yes mos ds.
MAR TH UNF	E OF DI	10 NAME OF PATHER PLIES / Villuage 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Gessal Oulling M. D. Oful 30:192 (Address) M. M. D.
WI	ation CAUS TION	(State or country) OT Q. 12 MAIDEN NAME Packel White	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
PL	of Inform	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsds,
WRITE	s shot	(Informant) She Dellows	Former or usual residence
Z Z	BEvery CIAN: stater	(Address) remain man man 193 (Aurelia & Jawson Registrar	DI Taulstenutery 94, 1031.
	ż	6/1/31 If more branks are needed, address tate Registrar	16 W. Seratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "IIaemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; " "Marasmus," "Old Age," "Shock, Chronic valvular etc. The contributory affection need Nomenclature of the Always qualify all heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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	ACTLY.	slassified	ate.	1
	stated EX	properly o	of certifica	
)	hould be	t may be	on back o	
	d. ACE E	so that i	tructions	
	y supplie	ain terms	See inst	- Carl
	e carefuil	ATH In pi	mportant.	1
	should b	E OF DE	is very i	
)	BEvery Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.	
	sm of Inf	thould st	nt of occ	
	-Every it	CIANS	stateme	3
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1PLACE OF DEATH	04851 STATE OF MARYLAND
County Somest.	CERTIFICATE OF DEATH
County	(54)
T . D Pa	Registration Dist. No. 260
Village or City 6-19-43 Cluss (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Bittingon hour	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OFF 16th, 1921
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from
lff. 12 , 1931	
(Month) (Day) (Year)	that i lest saw halive on, 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work	Grunshen brock
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yre mes de
10 NAME OF Barnell Jewis Jeanne	(Signed) M.D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bonnis Deane	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
4	Former or usual residence
(Informant) Vacha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Ohners Clup m	(00 home 4/17, 1934
Filed #/16 1923/ A Property Register	20 yADENTAKER ADDRESS

If more blanks are needed, addre.s State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer-freor given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, At school, or At home. Care should be taken Compositor, For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. But in many Architect, Locomolive engineer, (6) material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Ceretrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> permanently filed data is essential

is usered in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is

approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) affection need danus) may be stated under the head of "contributory." Recommendations on statement of cause of If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage," Chronic ," "Coma," "Convulsions, valvular heart etc. The contributory disease ;

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Registration Dist. No. should Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, Thet I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Months If LESS than to have occurred on the date stated ebove, at properl 7. AGE Devs 1 day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____ min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. may 9. Industry or business In which should work was done, es SILK MILL, SAW MILL, BANK, etc. O. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME plain 14. BIRTHPLACE (city or town (State or country) What test confirmed diegnosis?_____ Was there an autopsy?____ carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important in Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State er country) Where did Injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, pluods (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury -WRITE nation Nature of injury. LION 24. Wes disease or injury in eny way related to occupation of deceased?_ 19. UNDERTAKER (Address) If so, specify (Signed) (Address) _____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To b	e complete.	an	occupation	return	must	state:
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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

.11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker, "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I		Example II	MED
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Othe contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise speciments with laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinulfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N

- 1		64854
	PLACE OF DEATH	STATE OF MARYLAND
	County America	CERTIFICATE OF DEATH
care.	0201 Va 0	Registration Dist. No. 263
	Village or City III Thumsoftens In	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
аск от	Male Mule Single, Married, Widower Will (Write the word)	y6 DATE OF DEATH (Month) (Day) (Year)
a uo s	6 DATE OF BIRTH NW. 24 1930	17 HEREBY CERTIFY, That I attended the deceased from Office 48 131. to Office 18 1.
101	(Month) (Day) (Year)	that I last saw h Malive on Coferif 1986,
struct	7 AGE If LESS than 1 day hrs. yrs	and that death occurred on the date stated above, at
See In	a) Trade, profession or particular kind of work	Bushits
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos 14 de.
Impor	9 BIRTHPLACE (State or country)	Contributory Secondary Duranjon)
Very	10 NAME OF Grance Maure	(Signed) All M.D.
200	of FATHER (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	of MOTHER Place Gladeles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs mos ds. State yrs ds.
5,	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
3	(Informant) Graysen muyne	Former or usual residence
ומופונ	(Address) Ry, ame: Ht. 2	Mt Verner afril 19 19
0	Filed Of 18 1931. Stephen Hoth	Dale, Lashe & 4. Comi
	If more banks are needed, addre.s Ltata Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation g ged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed definite salary), may be entered as Housewife, House er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. ployed as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, worked on may form part of the second statement report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Stationary fireman, etc. person, irrespective of Locomolive engineer, But in many

Strtement of Cause of Death—Name, first, the DISEAR COUNTY DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the puly definite synonym is "Epidemic cerebrospinal meningitis"); Diphlleria (avoid use of "Croup"), Typhoid fever (never report "Typhoid, Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

n American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock, or intercurrent) Chronic valvular heart disease; affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) Sminner. (b) Cotton mill; (a) Salesman. (b) Grocery. sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Laborer--Coal mine, etc. Wommaterial

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	Exact
ORD	of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-
PLA MITH UNFADING INK-THIS IS A PERMANT H CORD	of information should be carefully supplied. ACE should be stated EXAC
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	ormation ate CAU
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1		048517		
	PLACE OF DEATH	STATE OF MARYLAND		
1	County	CERTIFICATE OF DEATH		
	South Control of the	2/3		
	month. A. P	Registration Dist. No. 265		
	Village or City////////////////////////////////////	Ween Cenney Ward) a (If death occurred in a hospital or institu-		
916	al. P	tion, give its NAME is -		
0	2FULL NAME OUVE OUVE	number.)		
2				
90	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH		
S S	Finale While OR DIVORCED	afrif 67, 18/		
pa	(Write the word)	(Month) (Day) (Year)		
0	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from		
00	ass, 1901	1000 100 100 100 100 100 100 100 100 10		
0	(Month) (Day) '(Year)	that I last saw h P Valive on Ceff 192 192		
0	7 AGE If LESS than	and that death occurred on the date stated above, at		
	1 dayhrs.	The CAUSE OF DEATH * was as follows		
	yrs. mos. ds. or min.?	Dunchial Inecomme		
0	8 OCCUPATION (a) Trade, profession or	**************************************		
	particular kind of work			
	(b) General nature of industry business, or establishment in			
\$	which employed or (employer)	(Duration) yrs mos d. d.		
od	BIRTHPLACE	Secondary Secondary		
3	(State or country)	(Durstion)as		
2	10 NAME OF D. A MAD	(Signed) The Man Cel M. D.		
A 40	FATHER Propoler Mulipe	19/11/21		
9	II BIRTHPLACE OF FATHER	GUE (a 198 / (Address) / Julie Jacobs		
2	Z (State or country)	*State the Usrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	12 MAIDEN NAME			
2	of MOTHER Julia Mc Inlyre	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
3	OF MOTHER	At place In the		
2	(State or Country) Money & ornered be md	of death yrs mos ds. State yrs ds.		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?		
	60	Former or usual residence		
191	(Informant) Russel Sowell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
101	(Address) Panicus Anne Ind	M = 000		
200	- 11 MI	20 UNDERTAKER ADDRESS		
	Filed april 6 1924, Stephen O. Hope	20 UNDERTAKER ADDRESS		
	Registras	Dale Nastvell Princess Home in		
	If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)"

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken laborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on wrs. For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EA. IN TUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia, "Pneumonia,"

> (Recommendations on statement of cause of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cdanus) may be stated under the head of "contributory." carbolic acid-probably suicidc. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJU.: Y State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus, " "Old Age, " "Shock," Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory

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PLACE OF	DEATH	A
ounty 82	nei	ev

04857

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STATE OF MARYLAND CERTIFICATE OF DEATH

tion Dist. No.

Tradshaw respected My

Registra

Village or Ci	ull name	angle hark	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME it stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH COMMENT	7. , 1923/ (Day) (Year)
6 DATE OF BI	IRTH Month) (Day), 1864 (Year)	17 I HEREBY CERTIFY, That I at 192 /. to	
7 AGE	67, yrs. 1D	mos. 2 6. ds. or min.?	The CAUSE OF DEATH * was as follows:	d above, at /// m
(State or CO) (State or CO)	OF Millia PLACE THER Or country) Md	yleend. we Henry	Contributory (Durstion) Secondary (Durstion) (Signed) 192B (Address) *State the Discase Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	or, in deaths from
OF MOT 13 BIRTH OF MOT (State 14 THE ABOVE	PLACE THER OF Country) E IS TRUE TO THE BEST	arles	Where was disease contracted, if not at place of dea.h? Former or usual residence	DATE OF BURIAL
(Ad	410 181 Qu	relia B. Jaivson	Town Cemelery	LODRESA)

Registrar

If more banks are needed, address tate Registray, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Dull laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "(Iraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart disease; Nomenclature of the not be

As certh awered in detail data is essential permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

V. S. No. 1

	04858
PLACE OF DEATH	STATE OF MARYLAND
County Somerset	CERTIFICATE OF DEATH
60	Registration Dist. No. 269
Village or City Priola (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME = liga White	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MOHILE WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH A 196 , 198 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	1/24 12 1929 to April 19 13/
7 AGE [If LESS than	that I hat saw h a alive on A 3 193
I dayhrs.	and that death occurred on the date stated above, at
61 yrs. mos. ds. or min.?	
a OCCUPATION (a) Trade, profession or	
particular kind of work Louseure	Tyocarditis
(b) General nature of industry Daginess, or establishment in	7 6
which employed or (employer)	(Duration) yrs. Omos ds.
9 BIRTHPLACE (State or country) 717 and 13 nd	Contributory Secondary Goite Character Secondary Goite Character Contributory Secondary Course Contributory Secondary Secondary Course Contributory Secondary Secondar
IO NAME OF FATHER	(Signed) Eldon G. Mardsman M.D.
11 BIRTHPLACE	April 20 181 (Address) Plinces anse 3
(State or country) Control Cont	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Pricilla Rigley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Eaward While	Former or usual residence
10 0 0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0/1	Unoce 114 Jul 22, 1931
15 M 25 31/M 1 18	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Slationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-For many occupations a Farm laborer, without more precise specification as Day For persons who have no occupation Laborersingle word or term on -Coal mine, etc. not gainfully em-The ques-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal s.; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." w approved stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasunus,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by taken. can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic etc. The contributory valvular heart disease; Nomenclature etc., of of the

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Village or City Persters 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	CERTIFICATE OF DEATH Registration Dist. No. L. A St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME is stend of number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from F. J. 1923.
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MUDOWED. WIDOWED (Write the word) 6 DATE OF BIRTH 1900 (Month) (Day) (Year)	a hospital or institu- tion, give its NAME is- stend of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
3 SEX 4 COLOR OR RACE MARRIED, MUIDOWED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	
	that I last saw h & Talive on Much 30431,
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Asline Carclitis Secondary (Durstion) Lys mos ds.
10 NAME OF FATHER UMMANDION COLLISION 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Paralle MULTIPLE OF MOTHER	(Signed) M. D. S. M. D. S. M. D. *State the lisease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
(Informant) Syrvaly White (Address) Atsilesa, Mid.	if not at place of dea h? Former or usual residence
Filed 4- 8 1931 . Auth Registrar	Abrus L. Allino 4/10, 1931

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engincer, or given up on account of the DISEASE CAUSING DEATH to report worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) arst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emman, (b) Automobile factory. The material specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. But in many

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